

INSTRUCTIONS FOR COMPLETING SOC 824

COUNTY INFORMATION:

County – Enter county name.

County Code – Enter county number.

Reporting Quarter – Enter the calendar year reporting quarter (1st, 2nd, 3rd, or 4th).

Name/Title of Person Completing Report – Enter name/title of person completing report.

Telephone Number – Enter the telephone number of the person completing report.

Date Completed – Enter the date the report was completed.

SECTION I - Desk Reviews: Case files reviewed by county QA Staff for the quarter.

- 1A. **Number of Desk Review Cases With No Further Action Required** – For each program (PCSP, IPW, IHSS-R), enter the number of case files reviewed that did not require further action for the quarter. (i.e., file does not require follow up – documentation complete, forms filled out properly, no fraud or APS referrals, etc.).
- 1B. **Number of Desk Review Cases Requiring Additional Action** – For each program (PCSP, IPW, IHSS-R), enter the number of case files reviewed that required additional action to be taken for the quarter.
- 1C. **Number of Desk Review Cases Completed** – For each program (PCSP, IPW, & IHSS-R), enter the number of case files that were reviewed. (Item 1A plus item 1B)

SECTION 2 - Home Visits: Home visits conducted by county QA Staff for the quarter.

- 2A. **Number of Home Visits With No Further Action Required** – For each program (PCSP, IPW, IHSS-R), enter the number of home visits that did not require further action for the quarter. (i.e., file does not require follow up – documentation complete, forms filled out properly, no fraud or APS referrals, etc.).
- 2B. **Number of Visits Requiring Additional Action** – For each program (PCSP, IPW, IHSS-R), enter the number of home visits that required additional action for the quarter.
- 2C. **Number of Home Visits Conducted** – For each program (PCSP, IPW, and IHSS-R), enter the number of home visits conducted for the quarter. (Item 2A plus item 2B)

SECTION 3 - Fraud Prevention/Detection and Over/Underpayment Activities: Complete this section when the county QA staff has suspected, discovered, or been given evidence of fraudulent activity for the quarter.

- 3A. **Number of Cases Identified Through QA/QI Activities Requiring Further County Review** – For each program (PCSP, IPW, and IHSS-R), enter the number of case files requiring further county review due to suspected fraud.
- 3B. **Number of Cases Identified Through QA/QI Activities Referred to Department of Health Services (DHS) for Investigation** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases referred to DHS for further investigation or suspected fraud.
- 3C. **Number of Underpayment Actions Initiated as a Result of QA/QI Activities** - For each program (PCSP, IPW, and IHSS-R), enter the total number of underpayments identified as a result of QA activities.
- 3D. **Number of Nonfraud-Related Overpayments Initiated as a Result of QA/QI Activities** – For each program (PCSP, IPW, and IHSS-R), enter the total number of nonfraud-related overpayments identified as a result of QA activities.
- 3E. **Number of Fraud-Related Overpayments Initiated as a Result of QA/QI Activities** – For each program PCSP, IPW, and IHSS-R), enter the total number of fraud-related overpayments identified as a result of QA activities.
- 3F. **Other (specify)** - For each program (PCSP, IPW, and IHSS-R), enter the number of cases reviewed for any other types of fraudulent overpayments and identify the types.

SECTION 4 - Critical Events/Incidents Identified: A critical event/incident is when there is an immediate threat or risk to the health and safety of a PCSP, IPW, and/or IHSS-R recipient. Complete this section only if any critical events/incidents, as defined here, have occurred during the quarter that you became aware of as part of your QA efforts. Complete each (A-E) that applies.

- 4A. **Number of Neglect Cases** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases that indicated neglect.

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- 4B. **Number of Abuse Cases (physical, sexual, mental, financial, exploitation)** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases that indicated abuse.
- 4C. **Number of Provider “No Show” Cases That Pose a Threat to the Health and Safety of the Recipient** – For each program (PCSP, IPW and IHSS-R), enter the number of cases that indicated a provider “no show” which posed a threat to the health and safety of a recipient.
- 4D. **Number of “Harmful to Self” Cases** – For each program (PCSP, IPW, and IHSS-R), enter the number of cases that indicated a threat of the recipient causing harm to him/herself.
- 4E. **Other Types of Critical Events/Incidents (specify)** – For each program (PCSP, IPW and IHSS-R), enter the number of cases with any other types of critical events/incidents and identify the types.

SECTION 5 - Actions Taken on Critical Events/Incidents Requiring a Response Within 24 hours: Identify each type of case referral made and number for the quarter.

- 5A. **Adult Protective Services (APS) Referral** – For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5B. **Child Protective Services (CPS) Referral** – For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5C. **Law Enforcement Referral** – For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5D. **Public Authority (PA) Referral** – For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5E. **911 Call Center Referral** - For each program (PCSP, IPW, and IHSS-R), enter the number of completed case referrals.
- 5F. **Out-of-Home Placement Referral** – For each program (PCSP, IPW and IHSS-R), enter the number of completed case referrals.
- 5G. **Other (specify)** – For each program (PCSP, IPW, and IHSS-R), enter the number of any other types of completed cases referrals and identify the types.

SECTION 6 - Targeted Reviews: Targeted case reviews differ from routine scheduled reviews. Focus is limited to a single issue rather than the focus being on the consumer receiving the correct services at the level which allows him/her to remain safely and independently in his/her home. Identify the focused areas (A-M) of each targeted review and the number of cases reviewed during the quarter.

- 6A. **Timely Initial Assessments** - For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for timely assessments.
- 6B. **Timely Reassessments** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for timely reassessments.
- 6C. **Provider Enrollment Form (SOC 426)** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted cases files reviewed focusing on the Provider Enrollment Form.
- 6D. **Voluntary Services Form (SOC 450)** – For each program (PCSP, IPW and IHSS-R), enter the number of targeted case files reviewed focusing on the Voluntary Services Form.
- 6E. **Paramedical Services Form (SOC 321)** – For each program (PCSP, IPW and IHSS-R), enter the number of targeted case files reviewed focusing on the Paramedical Services Form.
- 6F. **Protective Supervision Medical Certification (SOC 821)** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed focusing on the Protective Supervision Medical Certification Form.
- 6G. **Hours Exceed Guidelines** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for hours exceeding applicable time guidelines.
- 6H. **Able and Available Spouse** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for appropriate applications of Able and Available Spouse.
- 6I. **Proration Calculations** - For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for proration calculations.
- 6J. **Services for Children** – For each program PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed for services authorized appropriately for children.
- 6K. **Over-300-Hours Report** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed that were generated by a review of the Over-300-Hours Report.

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- 6L. **Recipients Advised of Availability of Fingerprinting Information on Providers** – For each program (PCSP, IPW, and IHSS-R), enter the number of targeted case files reviewed to identify that recipients were advised of the availability of fingerprinting of providers.
- 6M. **Other (specify)** – For each program (PCSP, IPW, and IHSS-R), enter the number of case files reviewed for any other targeted areas and identify the types.

SECTION 7 - Quality Improvement Efforts: Quality Improvement efforts identified during the quarter.
For each (A-H) check all that applies.

- 7A. **Developed QA Tools/Forms and/or Instructional Materials** – Check box if any tools, forms, and/or other instructional materials were developed for QA activities.
- 7B. **Ensured Staff Attended IHSS Training Academy** – Check box if staff attended IHSS Training Academy.
- 7C. **Offered County Training on Targeted Areas** – Check box if training was offered for county staff on targeted areas.
- 7D. **Established Improvement Committees** – Check box if QA/QI committees were established.
- 7E. **Established tools for QA/QI Fraud Prevention/Detection** – Check box if any tools, forms and/or other materials were developed for fraud prevention/detection.
- 7F. **Conducted Corrective Action Updates (Attach a brief summary)** – Briefly describe any corrective action updates developed as part of State or County QA review efforts.
- 7G. **Utilized Customer Satisfaction Surveys** – Check box if customer satisfaction surveys were utilized.
- 7H. **Other (specify)** – Check box if any other Quality Improvement efforts occurred and identify the types.